

RECURRENCE AT A LATE PERIOD AFTER OPERATION FOR CANCER OF THE BREAST.

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IN view of the renewed interest manifested in the end-results after operation for carcinoma of the breast that has appeared in recent surgical literature, and especially as shown by the symposium of papers on this subject read at the last meeting (1907) of the American Surgical Association, the herewith reported case of very late recurrence is interesting.

Although Volkman's three-year period as a limit of safety after operation for carcinoma can no longer be accepted as a positive law, yet it must be conceded that a very large percentage of cases remaining well up to this limit are apt to continue on with freedom from recurrent disease. And statistics further demonstrate that with each succeeding year after this triennium period the fewer are the recurrences, until finally when the first decade is passed the number becomes so small as to warrant being considered as rare.

Among the symposium of papers mentioned, Joseph Ransohoff discussed the subject of very late recurrence after operation, and showed that of a small series of cases of late recurrence (after six years) he had collected, 10 occurred during the seventh and eighth years, 2 each after the ninth, tenth, eleventh, twelfth and fifteenth years, and 1 each after intervals varying from fifteen to twenty-five years.

At the same meeting, W. B. Coley reported 65 cases of recurrent cancer, of which 10 (15 per cent.) recurred after three years, and 4 (6 per cent.) after fourteen years. Of the latter number the longest duration was seventeen years.

But the very pertinent question has been asked whether these so-called late recurrences are actual recurrences or rather

new deposits or secondary growths in persons manifesting a cancerous predisposition. And along the same line, that such recurrence taking place in the scar at a distance from the location of the primary growth should be regarded as possibly a carcinomatous degeneration of cicatricial tissue. In substantiation of this view it has been shown that in some of these cases the histological type of the secondary or recurrent growth does not correspond to that of the original tumor,—presenting the features of both epithelial and connective-tissue growth. This, as has been stated, offers another point for thought, for it is reasonable to assume that a true recurrent growth should exactly correspond histologically to the primary tumor formation.

The incompleteness of the history of the subjoined case renders it quite impossible to assert whether the histological requirements exist or not. Again, the length of time the primary growth existed without involvement of the axillary glands, would cast a reasonable doubt upon the correctness of the original diagnosis, and suggest carcinomatous degeneration of cicatricial tissue. But, on the other hand, the pathological report of carcinoma from a competent source, the presence of a cancerous nodule in the very near vicinity of the primary focus, together with the absence of metastases either in the axillary lymphatics, or elsewhere in the viscera, place it properly, I believe, in the class of late recurrence as now recognized.

Carcinoma of the left mamma; excision three years after appearance; recurrence seventeen years and eight months after operation.

A Sister of Charity, of the Order of St. Vincent de Paul, at the age of 50 years, had the left breast removed for carcinoma, by a prominent surgeon of St. Louis, in November, 1885. Microscopic examination confirmed the diagnosis.

From the appearance of the cicatrix, which is horizontal in direction, five inches long, and does not extend to the arm-pit, the operation was evidently a simple excision of the gland without invading the axillary space.

The patient states that the tumor growth was situated in the inner and lower quadrant of the breast, was painful and sensitive, had attained the dimensions of a walnut when extirpated, and was attributed to a violent blow received by coming in contact with the sharp edge of a door three years before. The lump appeared about two months after the injury, and was of slow growth. There was no axillary lymph-node involvement. The operation wound healed by primary union, and there was no evidence of recurrence of the neoplasm until the summer of 1903, a period of seventeen years and eight months from the date of operation. At this time she discovered a small nodule in the skin at the sternal end of the scar, which was tender and painful.

The present examination (September, 1907) discloses a stony-hard, irregularly roundish, movable mass, two inches and a quarter in diameter, occupying the inner angle of the cicatrix. Sharp, radiating pains are complained of, and palpation of the parts is decidedly painful. The inner third of the scar is depressed and firmly adherent to the growth, while the outer two-thirds are soft and free from attachments. The axillary glands are not palpable. A large mole, ovoid in shape, elevated, and of a pale yellow-pink color is located in the skin an inch above the outer side of the scar. This is dry not ulcerated, although the patient asserts that it occasionally exudes a slight serous fluid, and has largely increased in size during the last three years. There are no metastases and the recurrence seems to be entirely *in loco*, but there has been a slight rise of temperature in the evening—99 to 99½ degrees—for several weeks. She is fleshy and well-nourished, and regards herself as strong and in excellent health considering her advanced age of passed three score and ten years. She has recently undergone a successful cataract extraction on the right eye. Further operation was refused.